Application to Local Registrar For Copy of Birth Record

Name	Middle	Last	Date of Birth M M D D Y Y Y			
Hospital (if not hospital, give street & number) Pace of Birth			Village, Town o	or City		County
First Middle Last Father's Name		Mother's Maiden Name	First	Middle	Last	
Number of Copies Requested Enter Birth No. if Known			Enter Loca	Enter Local Registration No. if Known		
Purpose for which Record is Required Record is Required		sport sial Security-Retirement sial Security SSI irement ployment	Working Papers School Entrance Driver's License Marriage License		Welfare Assistance Veteran's Benefits Court Proceeding Entrance into Armed Forces	
Other (specify)						
First Middle Last Name What is your relationship to person whose record is			If attorney, give name and relationship of your client to person whose record is required			
required? Self Parent Other, specify			Name of Client	Relationship		
Telephone No. ()						
Social Security No			FOR REGISTRAR'S USE ONLY			
Signature of Applicant Date			TYPE OF ID (Photocopy ID and attach to application form)			
Address of Applicant			Driver's License State No			
Street			Other ID, specify			
City State Zip Code			No			

TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license 5. Military ID
- 2. Non-driver's license
- 6. Employer's Photo ID
- Passport
- 7. Two utility bills, showing applicant's name and address
- 4. Naturalization Papers
- 8. Police report of lost or stolen ID